

**CDPAC Meeting Minutes**  
**Thursday, October 4, 2001**  
**State Capitol, Room 126**

**Welcome, Introduction, Announcements and Committee Business**

Committee chairperson Kathy Malaske-Samu called the meeting to order at 10:00 a.m. She introduced CDPAC's newest member from the Department of Health Services (DHS), Dr. Robert Bates. Dr. Bates said he was happy to join the committee as a representative from DHS and advised the audience of his background, which includes 25 years in public health and pediatrics.

Ms. Malaske-Samu shared her thoughts on the September 11th terrorist attacks on the East Coast. She believes this is an especially important time to pay attention to children and show that we can keep them safe, even if we doubt our ability to do so. Early childhood educators are met with an unexpected challenge: They will be called upon to help families understand what has happened, and to preserve a commitment to diversity.

Ms. Malaske-Samu thanked the staff for their work on last month's meeting, including coordination of public testimony for the women's caucus, and for today's meeting agenda which broadens the focus of discussion from the important, but narrow, scope of the Governor's administrative review and reform of subsidized child care. Ginny Puddifoot from California Impact Seminars distributed calendars from the California Mind Institute that contain a wealth of information on children's brain development and Jim Kooler from the California Mentoring Project handed out brochures for the upcoming mentoring summit at the Disneyland Resort on October 15-18, 2001. He thanked the Committee for their support and promised to report on the mentoring summit at a later meeting. Another audience member, Kathy Lafferty, commented on the loss of \$11.5 million in Department of Housing and Community Development funds for facilities development in this year's budget. It is a particularly wrenching loss to private child care providers, since the HCD program was one of the few resources available to them for facilities financing. She asked if the Committee could report on this issue and make an effort to restore the funds. Ms. Malaske-Samu stated that the Committee shares providers' concerns about the loss of funding.

Member Lynn Lucas asked if the scheduled November CDPAC meeting conflicts with the NAEYC and CWLA Child Care Conferences. Ms. Malaske-Samu verified that the meeting would conflict with the conferences and asked for a decision from the Committee on whether to hold only an executive meeting rather than a full meeting or cancel the November meeting altogether. The Committee voted unanimously to hold an executive meeting in November.

The September meeting minutes were approved with revisions and will be posted on CDPAC's website ( [www.cdpac.ca.gov](http://www.cdpac.ca.gov) ).

**California Head Start: The State-of-the-State's Collaboration**

*Ed Condon*, Executive Director of the California Head Start Association (CHSA) introduced the members of a panel reporting on Head Start's collaboration efforts. Panel members included: *Michael Zito*, Coordinator, California Head Start-State Collaboration Office; *Ray Hernandez*, current President of the California Head Start Association, *Dr. Patricia Stroh*, from the Contra Costa Community Services District, *Judie Englesby-Smith*, Executive Director of Shasta Head Start Child Development, Inc., *Hal DeArmond*, Director of the Stanislaus County

Office of Education and current president of the Migrant Head Start Association, and *Yolanda Garcia*, Children's Services Department Director, Santa Clara County Office of Education.

The reauthorization of Head Start in 1998 established new mandates to facilitate partnerships and unify planning for quality full-day/ full-year services to children and their families. Mr. Condon stressed that when talking about Head Start children, we aren't talking about someone else's children; they are California's children. The program is funded with California's tax dollars.

*Ray Hernandez* gave an overview of the head start organization. California Head Start has 17,412 employees, 28 percent of whom are former Head Start parents. Fifty-one percent of the 4,871 teachers have an AA, BA or graduate degree. The average pay for a Head Start teacher is \$24,400 per year; an average assistant teacher salary is \$16,000 per year. The staff turnover rate is 9.5 percent.

Head Start has undergone rapid expansion, growing by 22 percent in five years. In some counties, the number of slots has expanded six-fold. Average class size in Head Start is 18, with an adult/child ratio of 1:9. 96 percent of children enrolled received all medical screenings; of those screened, 30 percent were identified as needing follow-up treatment. The most common health issues for children are obesity, anemia and asthma.

Federal mandates require that a minimum of 10 percent of the children enrolled in Head Start must be children with challenging abilities. Twelve percent of California's Head Start children are children with challenging abilities. Nationally, the figure is 15 percent. The top four issues are: speech and language, 72 percent; health impairment, 4 percent; multiple disabilities, 3 percent and vision, 2 percent. Five percent of all children enrolled received mental health treatment. Approximately 96 percent of enrolled families received social services through their involvement with Head Start. Over 71 percent of Head Start families reported annual family income of less than \$14,999.

*Mike Zito* talked about the role of the Head Start-State Collaboration Office in working with the Head Start Programs. The collaboration office grants have been funded by the federal Administration for Children and Families (ACF) since 1990. The California Department of Education (CDE) has housed California's collaboration office since 1992. Since Head Start is directly administered by the federal government, rather than states, the program wasn't at the table when policy decisions regarding early childhood education were being made. The collaboration offices were created to make sure that Head Start would be in on future decision-making and to:

- Create a visible presence for Head Start at state level to assist in multi-agency partnerships with other programs and organizations concerned with very young children and families;
- Foster working coalitions with the state Head Start Association, ACF regional office (which administers local Head Start programs), Head Start regional technical assistance providers, state agencies and others in the early education system; and,
- Serve as facilitator across the early childhood system in order to improve and expand services to Head Start and other early childhood program families and children.

CDE receives \$225,000 to operate the collaboration office, and is required to provide a 25 percent match. Approximately one-quarter of the grant is subcontracted to the CHSA to assist in collaboration efforts.

California's subsidized child care system serves an enormous number of children with approximately \$2.1 billion in funding from CDE (320,000 children 0 to 5 years old), \$575 million from the Department of Social Services (76,000 children 0 to 12 years old) and \$636.8 million Head Start (93,000 children 0 to 5 years old). Collaboration is critical because:

- CDE and Head Start provide similar services to low-income families;
- California's Head Start is the largest in the nation, serving over 93,000 children through a system of 101 grantee and 84 delegate agencies;
- Over 40 grantees also have State Preschool or other state child development contracts. Many programs are co-located at the same site;
- State preschool in California serves over 320,000 children from 0 to 5, through 2000 contracts to over 800 agencies;
- Both programs promote social competence and school readiness.

Welfare reform necessitated more full-day and fewer part-day programs for families moving off welfare, and for the working poor. The Federal Child Care Bureau and Head Start Bureau (HSB) have legislative requirements to work together to ease conflicting rules. HSB requires Head Start Technical Assistance providers to serve *all* child care programs. California's State Collaboration Office is also working to ease barriers and conflicting requirements that prevent connecting state and Head Start programs to expand service to full-time. CDD supports collaboration, for full-day, full-year partnership arrangements. Both state and Head Start programs are moving toward results-based services.

Activities of the collaboration office include ad hoc meetings of a collaborative Partners Workgroup including Head Start and CDD-funded program representatives, and roundtables with local directors on partnerships. Examples of products to improve availability, accessibility, and quality of child care services include:

- *The Collaborative Partnerships Report on California's Experience with the 1997 Head Start Expansion Grants. Available at [www.cde.ca.gov](http://www.cde.ca.gov), scroll to "Head Start Collaboration."*
- *"Question and Answers"* on full-day, full-year partnerships by the CDE, CHSA and ACF Region IX staff.
- *Bridges* Newsletter focused on full-day, full-year partnerships (also available on line, Fall '99 issue).
- Region IX letter to field clarifying that all CalWORKs families (stages 1-3) meet "public assistance" definition, therefore are Head Start eligible even if they exceed income guidelines.
- MOU between CDD and Region IX supporting partnerships between Head Start and state funded programs.
- Recommendations of the Collaborative Partners Work Group on full-day, full-year partnerships.

*Pat Stroh* shared information on Contra Costa County's programs. Contra Costa is the only county government entity in California that provides state-subsidized child care and development and federal Head Start programs in directly operated centers. The county's Community Services Department (CSD) serves as the area's community action agency, with the mission of providing assistance to low-income families by moving them toward self-sufficiency through the use of federal Community Services Block Grant funds. Pat is a member of the Local Planning Council, Children and Families Commission, CHSA Board and Collaborative Advisory Groups.

Collaborations have required a massive effort over the past three years with tremendous support from the Head Start Regional Office, CDE, California Head Start-State Collaboration Office, our local Board of Supervisors, the unions who represented staff of both Head Start and State programs, and others.

The Child Development Head Start Partnership in Contra Costa was named Child Start. The need to collaborate was clear. Collaboration would provide the higher quality, comprehensive services that families enrolled in CDE programs needed, and would provide Head Start families with the full-day/ full-year services they needed in order to move into the work force.

Collaboration required major differences in the programs to be addressed. The issues included class size (20 Head Start vs. 24 for State), ratios (1:10 Head Start vs. 1:8 for State), a disparity in the comprehensive nature of Head Start services and the extensive staff training afforded by Head Start as compared to the State, lack of high quality facilities and materials in State programs and higher pay for Head Start staff even though requirements are lower. Additionally, Head Start is licensed under Title 22 regulations and CDE programs under Title 5. At one time someone in the program described CDE vs. Head Start classrooms as "K-Mart vs. Nordstrom." Both programs have union-represented employees.

So far, as a result of collaboration, 70 percent of the county's programs are now full-day / full-year, adding thousands of hours of service. Class size for all programs is 20, and the teacher to student ratio is now 1:8. Staff salaries increased 20 percent across the board, training is strong and integrated throughout the program, and additional services have been coordinated for children 0-3. Many diverse partnerships have been developed including one with the National Park Service. Fourteen new sites have been or are being built, including a \$5.5 million mega-site, and all Child Start programs meet Title V standards. The budget has grown from \$12 million to \$27 million.

To raise the quality of programs across the board and provide equivalent services to all families, Contra Costa initiated MAA - Medi-Cal Administrative Activities. MAA provides Medicaid reimbursement for outreach to get people into Medi-Cal, and for planning and improving the delivery of services. When families are receiving Medi-Cal, family advocates' time can be billed to Medi-Cal. Currently, 16 mental health interns provide assessment, diagnosis and ongoing consultation to increase child and family functioning and two Licensed Marriage and Family Therapists provide individual and group supervision sessions with the interns, observe children in the classrooms and provide crisis intervention under Medi-Cal. Additionally, Family Advocates in the Head Start program who already provide services to families keep track of their time and bill it to Medi-Cal through MAA. MAA supports and

enhances the Medical Home concept in Head Start. Reimbursed funds are unrestricted and can be used to provide services to families otherwise not covered, often the working poor.

Another initiative is ROMA (Results Oriented Management and Accountability). Family Outcome Measures are essential to solidifying the Head Start Program for the 2003 reauthorization. ROMA is a management outcomes approach developed and used through Community Action Agencies nationally that will provide the outcome data needed. It provides an avenue for organizations to continually evaluate the effectiveness of their programs and plot a course for improvements in agency capacity and performance.

ROMA measures outcomes at three levels: Family level outcomes, Agency level outcomes, and Community level outcomes. Each State has a method of implementing ROMA. The State of California Department of Community Services and Development has created and implemented a Family Development Matrix for use in measuring Family Outcomes that works well with the Desired Results Developmental Profile Plus (DRDP+) for child outcomes that has been adopted through the state and federal programs. The Family Development Matrix has 11 dimensions: Shelter, Food, Nutrition, Transportation, Mobility, Health, Social/Emotional Health, Competence, Income and Budget.

A major challenge for the future will be to develop seamless income guidelines. Head Start income eligibility guidelines are tied to the U.S. Census Bureau poverty statistics (\$17,650 for a family of four based on 2001 data), while State income eligibility is based on a percentage of the State Median Income and is \$37,644 for a family of 4 (based on 2000-2001 data). The problem is exacerbated in California because the state's minimum wage is higher than the federal minimum wage. A parent working full time at minimum wage in California exceeds the federal poverty ceiling, thus making him/her ineligible for Head Start. This could be remedied by matching the federal and State guidelines or through an adjustable income index to address high cost of living areas (like the feds do for federal workers in San Francisco).

#### Additional Recommendations:

- Continue State efforts to increase teacher salaries and standards by using the State Matrix as the standard for all subsidized programs in the State.
- Require Collaboration for all subsidized programs. Programs didn't seriously move in that direction until Head Start mandated it.
- Establish "Express Lane" eligibility for anyone receiving any form of "benefits" such as Medi-Cal, WIC, welfare, etc. - Similar to the Head Start initiative that made any parent who is eligible for CalWORKs eligible for Head Start.
- Eliminate the State requirement and bureaucratic process to re-certify families every time income changes. Family Advocates in Head Start certify families only once, leaving time for providing resources and delivery of services. Consistent with what we know about child development and school readiness, we need to support stabilization for children. A \$20/\$30 difference in monthly family income should not take a child in and out of the program.
- Provide stable funding to providers. Head Start funds are stable whether the child is absent or not. After all, our program costs continue for staff, facilities, etc. even when a

child is absent, yet the State pays on reimbursement for attendance, again causing barriers to collaboration and seamless services.

Ms. Stroh concluded by saying that collaboration is like a marriage: it requires patience, understanding, willingness to change by both partners and a great sense of humor.

*Judie Englesby-Smith* told about Shasta County's community-based Head Start, which serves 860 families in a three-county area of over 13,000 square miles. It covers Siskiyou, Trinity and Shasta counties and shares borders with Tehama, Plumas, Modoc and Del Norte counties. Also in the service area are Klamath Falls Migrant and Tribal Head Start. Collaboration is especially important in rural areas. They have 10 preschool collaborations and four for infants and toddlers. They combined State Preschool dollars with Head Start to provide extended-year care. Some examples of these collaborations include:

- Shasta Community College: Provides a children's campus at the college connected with the early childhood education studies lab. The program serves toddler to five years through collaboration with CalWORKs. They are adding an infant program.
- Family Child Care model: They recruited accredited family child care providers to connect to the Head Start program with general child care money and also established an extended year program for the children of farm laborers in a rural area.
- Parenting Center: Family Services Agency and CPS established a parenting center where families in the Child Welfare Services system who are in the process of reunification have visitation, supervised by a Head Start home visitor. If the family reunifies successfully, the home visitor follows up with visits to the home; if they are unsuccessful, the home visitor follows the child to the foster home or other placement location. Before the parenting center was established, supervised visits had to be held in the lobby of the Department of Social Services or some other institutional location. The parenting center is an inviting, comfortable environment.
- Infant-Toddler Facilities: Two high school districts placed Early Start infant-toddler facilities on continuation high school campuses. Part of each student parent's daily routine is to participate with his/her children and learn about child development, parenting, etc. After two years of operation, one study showed a direct correlation between the start-up of the infant-toddler program and an increase in the number of students finishing high school.

Shasta's full inclusion population of children with diverse abilities is 18 percent (the national Head Start average is 13 percent). The population has changed over time, and the number of children with more severe conditions has increased. Parents are stronger inclusion advocates. Shasta Head Start served five children with spina bifida last year. The program hired a deaf home visitor and within two weeks after the word got out, she had a full caseload of families with deaf children or parents. These families represented a part of the community that had never been reached before.

Ms. Englesby-Smith stated that there are two major issues with statewide ramifications:

1) Because of the budget reductions that are hitting California, the local Proposition 10 Councils are receiving an increase in solicitations for funding. The smaller counties don't receive very much money. Head Start has an ethical dilemma in that next year, for the first time in a long time, there could be no new appropriation at the federal level. Head Start

programs must decide whether they want to be set up as a competitor for the limited local Proposition 10 dollars.

2) The degree and intensity of some children's behavioral needs causes problems for many programs. In some cases, the behavior of a child has become so out of control, he/she must be removed from the program. We need to take a closer look at this issue.

*Hal DeArmond* spoke about Migrant Head Start. It is funded through the Department of Health and Human Services Head Start Bureau Region XII, which covers the 48 lower states. Region IX oversees California Head Start.

There are six migrant grantees in California. Three are through county offices of education. There is a joint powers agreement between Stanislaus, Merced, Santa Cruz and the Central California association. Since 1970, Migrant Head Start has served children ages 0 through 5, full-day (12 hours) 5-7 days per week throughout the work season, which can differ in duration depending upon location. The work season in the Central Valley lasts approximately 6.5 months, while the work season in Santa Cruz lasts approximately nine months. Forty-five percent of central California's Migrant Head Start children are under 2 years old. 5,400 children are served altogether statewide, 35 percent of whom are younger than 2.

To be eligible for Migrant Head Start, a family must have a child under school age, must be migratory, engaged in agricultural work or work processing agricultural materials, and their whole family income must come from agricultural work, either inter-state or intra-state. There are different eligibility criteria for State Migrant programs, farm worker housing programs and Elementary and Secondary Education Act School-Age Migrant Programs. Barriers are significant and result in children and families being turned away.

Mr. DeArmond identified three ways to aid local level collaboration: 1) Convene a statewide task force to discuss ways to mitigate the differences in eligibility; 2) Work with CDE and Head Start to simplify and coordinate reporting requirements -- perhaps develop a pilot; 3) Work with the Proposition 10 commission to fill in gaps in services.

*Yolanda Garcia* stated that the Santa Clara County Office of Education oversees General Child Care, State Preschool, Head Start and Early Head Start programs serving 3000 children and two counties, San Benito and Santa Clara. Twenty-five percent of program staff is recruited from parents who fill entry-level positions.

The County Office of Education is an important provider of services. Some of these are:

- Professional library for providers, which includes a "make and take" area
- Tuition reimbursement
- A technology center, where training is available to child care providers
- A satellite connection for CAEYC "Heads Up" program
- A parent academy, available to all providers
- The Local Child Care Planning Council, for which they are the lead agency
- Sponsors summer, winter and spring staff development institutes for both federally and State funded staff with the community colleges at community locations

- Collaboration with Santa Clara University to fund an early intervention masters level program and availability of tuition support for students in the program
- "Careers with Children" is sponsored by North County ROP and a community college.

Challenges include the need to make sure that the content of training is relevant to the field, that professional development activities reflect the field, and that both have a direct correlation to quality programs. Also, the process for applying and reporting for Department of Labor, CDE and Department of Social Services funding is complicated and discouraging.

*Ed Condon* concluded the panel discussion by saying that only four out of 100 Head Start programs spoke today. There are innovations going on throughout the state. The innovations arise out of local control and parent involvement. The program's direction comes from the clients. Also, Mr. Condon urged audience members to remember that Head Start is currently serving only 20 percent of the eligible population.

Kathy Malaske-Samu asked what percentage of children with special needs is being served in State child care programs, compared to the 12 percent being served in Head Start. Michael Jett from CDE answered that no data is available to determine the percentage of special needs children being served in State programs.

Cheri Schoenborn said that one difference between Head Start and State programs serving the special needs population is that Head Start staff receive professional support. The Proposition 10 Commission, through a study being conducted by Sonoma State University, is looking at what kind of support the Commission can provide to State programs.

Ray Hernandez stated that the LA Head Start has an MOU with the County Office of Education and LA Unified School District. As high as 22 percent of children with special needs are being served. A child is identified when he/she comes into the program and is referred for assessment. This early identification helps the schools in developing Individual Education Plans (IEPs) and prepares the school to receive the child.

The mandate for Head Start to serve children with special needs came in 1972, before the ADA. Their criteria are broader than the State's. For some children, Head Start may be their only opportunity to receive services. Head Start has a special budgetary mandate. If services are not available, Head Start has to pay for them. Therefore, they can provide more professional development.

Joyce Hanson asked about the success rate for the home-based models and criteria for choosing families and curriculum. Ms. Englesby-Smith answered that Shasta County has the largest home-based model in the state because of geography. There are not enough children in any one location to sustain a center-based model. There is no specific curriculum; it differs based on the child and family. Every family goes through a strengths assessment and a partnership agreement is developed with the family for the delivery of services.

For their family child care program, Shasta looked at the Puget Sound model. They had to be careful not to tell family child care providers how to do their jobs. They cannot mandate, only encourage and show the benefits and advantages of professional development. When the program began, none of the chosen family child care providers had liability insurance -- now



seven are insured. Each Head Start child in family child care will have a different experience. Family services will provide the continuity among those experiences.

Ray Hernandez described a family child care network in Ventura that had a sophisticated way of working with families. The network already existed and had developed standards that met those of Head Start programs.

Bob Orsi noted that in dealing with all the rules, regulations and policies, programs have to spend a lot of money to pay people to work on eliminating the barriers.

Kathy Malaske-Samu suggested a mentor program with people who have dealt with the barriers successfully.

Robert Bates asked if the Head Start program could annualize its per child cost.

Ed Condon stated that it's not an easy task to compare Head Start costs with those of state funded programs because of the added services, professional development and other elements that are not included in state programs. It's not that Head Start is expensive but that other programs are under funded. Dr. Bates noted that while early intervention services are not inexpensive, they have been shown to significantly reduce later costs in juvenile justice, social welfare and other programs.

**The Child Care Food Program in California: An Emblem of Quality Care and a Source of Additional Federal and State Funds for Providers Serving Low-income Children**

*Erica Grubb*, Attorney and Director of Child Nutrition Policy, California Food Policy Advocates

*Paula James*, President, California Child Care Food Program Roundtable

Erica Grubb stated that California Food Policy Advocates is a statewide nonprofit organization. Their mission is to improve the health of low-income Californians by increasing their access to nutritious and affordable food. Their website is [www.cfpa.net](http://www.cfpa.net). The website for the California Child Care Food Program Roundtable is [www.ccfproundtable.org](http://www.ccfproundtable.org).

The Child and Adult Care Food Program (CACFP) is a federal food program that provides healthy meals and snacks to children in child care facilities. It began in 1968, the same year as Head Start, and is linked with that program. Head Start is mandated by federal law to participate in CACFP. In 1987, the Older American's Act allowed them also to serve certain functionally impaired adults. It is administered in California by the CDE's Nutrition Services Division and often referred to as the Child Care Food Program. CACFP reimburses eligible programs for up to two meals and one snack per day per child. It could also be for two snacks and one meal. There is a higher level of reimbursement for serving low-income children. All meals must meet federal nutrition guidelines. Eligible facilities include public and private nonprofit child care centers, Head Start programs, homeless shelters, park and recreation centers and after school programs and family child care homes, including license-exempt/Trustline homes. For-profit child care centers can qualify if 25 percent of their children are low-income. A participating family child care home must be sponsored by a Resource and Referral agency, a 4C agency, or other local nonprofit organization. The sponsor provides training and technical assistance about food safety and nutrition and makes a minimum of three monitoring visits per year to every site. The CACFP provides a nutritious meal pattern and

trains and monitors providers to that pattern. Good nutrition is vital to cognitive development in the preschool years. "Hungry children can't learn."

Numerous studies support the value of this program. Key research findings are on the website.

The CACFP served nearly 182 million meals to California children in fiscal year 2000. The vast majority were low-income. The average daily attendance in these programs was nearly 300,000. The children who eat these meals are 12 and under, including infants and toddlers, migrant children 15 and under, and school-age children 18 and under who attend an after school program in an area that meets the program definition of low income. Other eligible children are those living in homeless shelters, domestic violence shelters, and some transitional housing. These children can receive up to three meals per day, rather than two meals and a snack. Immigrant status does not affect eligibility for child nutrition programs.

In fiscal year 2000, this program brought over \$176 million in federal funding to child care providers in California. Many providers also receive Alternative Payment Program vouchers, and serve children in CalWORKs families. The CACFP meal reimbursements allow child care providers to stretch their resources and provide higher quality care for low-income children. A center serving 25 mostly low-income children could receive up to \$21,000 more a year for meals and snacks. A family child care provider serving six low-income children could receive up to \$4,500 more a year. An after school program serving 35 low-income children could receive up to \$3,600 for snacks and up to \$13,000 for meals. In spite of this, this program and most other child nutrition programs are underutilized. CACFP is working with the Child Care Resource and Referral Network to find out how many eligible providers do not participate.

Their 1999 survey indicates that only 3,783 of the 9,193 licensed child care centers in the state were participating in the CACFP program. Only 25 for-profit centers are known to be participating. The survey also indicates there were 30,880 licensed child care homes and untold numbers of license-exempt family child care homes, but only 21,748 were participating. If it were fully utilized, hundreds more child care providers would receive meal reimbursements and technical assistance, thousands more children would eat nutritious meals and snacks, and millions more federal dollars would augment existing child care subsidies. CFPA and CACFP are urging CDE to increase their outreach on the program. Alliances are being built with other entities, including Community Care Licensing, to increase awareness and utilization. The program furthers CDPAC's goals of creating and maintaining quality child care. There is no legislation at the moment, but when there is, the Committee will be informed.

Paula James said that the Roundtable is a 250-member organization and has been around for 22 years. The child care food program is a key but almost invisible part of the infrastructure in child care. Nutrition is important to reducing childhood obesity and ensuring that children are able to learn. The program was designed to meet one-third of the Recommended Daily Allowance (RDA) for children in child care but because of the long days spent in care and commuting, many of them receive almost all of their RDA in child care. The program delivers a broad spectrum of health and educational services and information, particularly in family child care homes, where monitors must go into the homes at least three times a year. They coordinate with CCL on those visits. This is the only program that goes into family child care homes on a regular basis. As mentioned by Head Start, reauthorization is coming in 2003. We

are asking CDPAC to partner with us because this program is key to ensuring quality service for children in California.

**Q.** Please outline the ongoing paperwork requirements for the program. Is there an audit requirement?

**A.** It is a very paperwork-intensive program. Requirements include daily menu and attendance records. The sponsor also is required to submit paperwork. Family child care receives an extensive, two-week long, annual administrative review. We are working with the Department of Agriculture to streamline the paperwork.

**Q.** Why is the program underutilized?

**A.** People haven't known about the program until just recently. It hasn't been widely marketed because the focus of CDE has been on school meals rather than child care meals. Also, large contingents of child care providers have been told they are not eligible -- Trustline providers and for-profit centers in particular. For-profit centers became eligible in 1998.

**Q.** Have other child care food programs been available in the last 15-20 years?

**A.** Yes, if they were serving Title 22 children. This program added for-profit centers as a pilot.

**Q.** What is the plan for outreach?

**A.** We are working on targeted brochures with various groups to ensure that information is relative to their clients. Traditionally, we have been part of the nutrition arena rather than the education arena.

**Q.** In the transition from being universally available and not having a means test to having a means test, have child care providers been lost from the nutrition program rolls?

**A.** Yes, we lost huge numbers of family child care providers. The numbers aren't as clear about center-based care. In requiring the means test, the USDA is returning the program to its origins of targeting low-income children.

**Q.** Who performs the monitoring visits to the homes?

**A.** Each nonprofit employs nutrition education and monitoring staff based on the number of homes or centers they sponsor.

**Q.** It's my impression that lately there has been more prepackaged and/or fast food served to children. Is this the case? If so, does it tie in with agricultural surpluses?

**A.** The program promotes the use of fresh foods, fruits, and vegetables. The standards are the same as the food program for the schools. If providers meet minimal program requirements, they're going to meet the RDA, even though some of the foods may be prepackaged.

Ms. Malaske-Samu commented that R&Rs used to make home visits to every provider but no longer do so. Since this food program is the only contact, we're losing the relationships that were built then, which makes this an even more important program.

**Q.** Where does a provider go to find out about this subsidy?

**A.** The Nutrition Services Division at CDE just staffed a service to refer you to sponsors in your area that can help you sign up for the program. The number is 1-800-952-5609.

Ms. Malaske-Samu thanked the presenters and said they have the support of the Committee for the program and for streamlining the paperwork process.

**Beyond Recommendations: A Closer Look at Issues Regarding Including Children with Disabilities in California Child Care Programs**

*Kate Warren*, Director, Family Resource Network of Alameda County and Parent Representative to the Interagency Coordinating Council for Children with Disabilities (ICC)

Ms. Warren discussed implications of recommendations about child care from the ICC. She is the parent of a child with disabilities and has been challenged by inequities in the system since her son was an infant; he is now 22 years old. Gains have been made in the area of inclusive care as a concept, but we address the problem with efforts that are narrow in scope and too often rely on short-term strategies. Unfortunately, the positive outcomes of those strategies touch the lives of only a small number of children with disabilities and their families. The Position Paper on Child Care of the Family Support Services Committee developed by the State Interagency Coordinating Council on Early Intervention was previously shared with the Committee. Ms. Warren said she will speak today about how the paper's policy recommendations relate to universal challenges in the child care field and, most importantly, how they link with real people.

The charge of the ICC is to advise and assist the Department of Developmental Services (DDS) to implement California's Early Start Program, a program serving children birth to three who have or are at risk of having developmental disabilities. The policy recommendations were linked primarily to the systems most directly involved in early intervention. To date none of the recommendations have been implemented. Agencies either are not willing to take responsibility or they believe others are responsible. The problem is not that all this has been said before. The problem is that parents do not feel heard. Until our one-string guitar becomes a symphony of partners, parents and their allies will continue to come before bodies such as this to ask again. Our goal is to create the expectation of a coordinated and unified inclusive child care system as the norm rather than the exception.

Ms. Warren shared the experiences of five families.

- Yolanda was a department manager at a large retail outlet until her second child, Faith, was born prematurely weighing just over two pounds. Faith left the hospital at five months weighing five pounds, on oxygen, hooked to a monitor, fed by a G-tube, blind and with a suppressed immune system. Yolanda's employer was unwilling to extend her unpaid leave under the Family and Medical Leave Act. She tried to piece together respite and child care to keep her job. She could not get nursing level respite care, locate a caregiver willing to take care of Faith, or afford the expense of one-to-one in-home care, so she had to quit her job. She receives TANF, Supplemental Security Income (SSI), and a supplement as Faith's In-Home Support Services provider. Faith is now an energetic, friendly and determined 20-month old.
- Julie is a nurse. She chose not to work after Chloe, age three, was born with cerebral palsy. She wants to return to work now and is looking for child care. Chloe is a sociable, curious and engaging child with limited mobility. She has difficulty with

verbal communication and needs significant assistance with feeding and toileting. Julie wants Chloe in a stimulating program where she can spend part of her day playing and learning with preschoolers without disabilities. Only one of the six centers she visited has a space for Chloe, and Julie was told that, because of her limited mobility and needs, Chloe would have to be in the infant/toddler room. Julie has not yet returned to work.

- Ahn came to this country 20 years ago and worked as a housekeeper in a hotel until the oldest of her three children became ill with leukemia and died at eight years old. Her youngest, Hui, is a delightful, talkative six year old with Down Syndrome. She does not have child care and believes she is the only one who can take proper care of her son. Hui has never been to school. When he was three and could have entered preschool, the classroom Ahn visited did not feel safe and when the school refused to let her come to school with him, she never took him back. Ahn receives TANF. She is eligible for a CalWORKs hardship exemption but does not understand how to ask for it. She does not understand that she would still face the lifetime limit and lose benefits for child care in the long run.
- Miriam works as a teacher's aide from 8 a.m. to 3 p.m. Her third child, Victor, just turned five and has multiple disabilities. Her husband worked the night shift as a janitor and took care of the kids during the day, but he recently got a better job – during the day. Victor's program runs from 9-12:30 four days a week. Miriam needs child care. She found a provider willing to take Victor, but she cannot afford it. She now hopes that the bus will pick him up first and drop him off last so she will only have to pay for child care for two hours a day Monday through Thursday and all day Friday.
- Deanna is a credentialed teacher and a certified speech and language therapist. She has not worked in either capacity since the birth of her daughter Annie. She works part-time while Annie is in school in a job that allows her time off for Annie's multiple medical appointments. Annie is 14. When she was young, Deanna could not find a provider willing to care for her. She weighs less than 50 pounds, uses a power wheelchair, has a pacemaker, uses assistive technology to communicate, and needs one-to-one assistance eating and toileting. She loves participating in her Challenger Soccer Team and shopping. She has had nowhere to go after school for 11 years.

Many of the services that should be provided to these families are not used because caseworkers and other responsible persons are not assisting the families in obtaining the services. Ms. Warren said she shared these stories today because every time the subject comes up, much time is spent answering questions about who these children are. Each story highlights the confusion and failure of multiple systems to meet needs. These are children whose mothers are or have been in the work force. Some become poor, not because the child has a disability but because the supports they need, including child care, are not available. The families are caught in a web of agencies and systems that do not work together to address their needs. The benefits of the Americans with Disabilities Act, natural environments, interagency collaboration and small scale training projects have not reached these children. Their stories illustrate the failure of multiple systems to really, honestly listen and do something. These children are not in child care. They are home with mothers who cannot go to work or with

fathers who work the night shift. Or they are riding on little yellow busses too long. They are invisible.

It is really important to remember that these children are an afterthought and not considered in discussions of what all children need. What can be done and who should do it? Access includes a need for a well prepared, well compensated and well respected work force as well as a need for appropriate funding and subsidies. Families need assistance locating care, articulating the needs of their children, understanding their child's rights to specialized services, and knowing the protections against discrimination provided by the ADA. If they are in CalWORKs, we need to know how to make it work for them.

Who informs the child care and early education programs of their responsibilities under the ADA, their role in Child Find and appropriate referral to Early Intervention or special education, or what natural environments are? How do we support the delivery of specialized services and support within child care programs, especially in the context of natural environments that respect the strengths and limitations of community child care providers?

What happens to Faith and babies like her if we move to a tiered reimbursement process where exempt providers are at the bottom of the barrel? What happens to school-age children like Annie when after school programs only pay \$5 a day with ratios allowed that could not support children like Annie or even those with much lower levels of need?

How do we "institutionalize" a comprehensive system of personnel development that integrates disability training into all training opportunities? We do not have a system in this state that fully addresses the training needs of child care providers.

Ms. Warren asked that we include in statewide data collection systems a means to identify the need and utilization of child care by families whose children have or are at risk of having disabilities. "Count us because we count." She suggested that we coordinate the planning, design and delivery of child care services, inclusive of children with disabilities across and within state and local agencies that include training, technical assistance and targeted support. "We and our children are in all of your systems." Look at supporting special education and training certifications. Promote family friendly working environments. Ensure that existing financial supports such as CalWORKs are appropriately used.

Lou Vismara spoke as the parent of a child with severe autism. When people talk about children with disabilities, the children get categorized. He is delighted by the approach of the Prop 10 Commission to look at disabilities as a continuum, looking at "different abilities" and in the context of diversity. Doing so can be a benefit to all of our children. When visiting juvenile halls and the California Youth Authority (CYA), a person can see that many of the children in those settings could have benefited from early interventions.

Ms. Malaske-Samu said that they are kicking off the Centralized Eligibility List (CEL) process in Los Angeles County. She has noticed that children with special needs are not being counted and wonders if they could be included. She noted that this Committee may be able to offer some leadership on this issue, and not only in the subsidized arena. She asked Ms. Warren to continue to hold us accountable.

## **State Agency Reports**

*Michael Jett, Child Development Division, California Department of Education (CDE)*

The CDE has issued new standard reimbursement rates. The new COLA has increased the standard reimbursement rate for State Preschool to approximately \$17.61 per child per day of enrollment or approximately \$3,082 per child per year for a 175-day program; for General Child Care to \$27.59 per child per day or \$6,898 per child per year for a 250-day program; and for Latchkey Programs to approximately \$19.39 per child per day or \$4,848 per child per year for a 250-day program. Adjustment factors for infants (1.7), toddlers (1.4), children with exceptional needs (1.2), non-English speaking (1.1), Child Protective Services referrals (1.1) and “severely handicapped” (1.5) have remained the same. Progress continues to be made on the Desired Results project whereby programs will be required to have a developmental profile on each child in their care. (This project is described in CDE’s Management Memo 01-06, 01-07 and in Committee minutes from earlier this calendar year.) The profiles will also be required for use with children in special education programs. Experts in the field of special education at Sonoma State University reviewed the profile materials for attention to inclusion and added some additional material. Progress also has been made on the environmental rating scales (also described in Committee minutes earlier this calendar year). CDE will be utilizing a national instrument for rating environments and aligning this effort with Head Start. The instruments to be used are the ECERS/Harms scales. They will also standardize a parent survey. Further details are on the CDE website ([WWW.CDE.CA.GOV](http://WWW.CDE.CA.GOV)). CDE is anticipating Department of Finance approval of a proposed \$42 million spending plan for implementation of SB 1703. Thirty percent of these funds will go through R&Rs to develop local plans for determining special needs children’s needs. The remaining 70 percent will be put into playground safety, again with inclusion in mind. Mr. Jett reported that CDD’s annual conference is completely booked. Last year this event drew 1,600 participants and this year registration was closed at 2,400, a 50 percent increase over last year’s attendance. Committee member Marie Poulsen will provide a workshop on mental health and the importance of relationships. On Friday, October 19, CDE will be holding a full-day institute for new directors at the conference site.

Amy Tan noted difficulty regarding primary language issues with CDE’s Desired Results parent surveys. Mr. Jett said that as a result of public hearing testimony, the Department is planning to put more energy into addressing language issues.

*Linda Nissen, California Department of Social Services (CDSS)*

Ms. Nissen said she is reporting today for Jo Weber of the Welfare to Work Division and Bill Jordan of the Community Care Licensing Division. It was reported at the last Committee meeting that CDSS was seeking approval from the Department of Finance (DOF) to release Child Care Reserve funding for CalWORKs Stage 1. On September 7, DOF approved the transfer of the remaining fiscal year 2000-2001 Child Care Reserve funds of \$17.5 million. The funds will first be allocated to the counties that have both a child care and a single allocation deficit, to fully cover the county’s child care deficit.

On September 19 the DOF also approved the transfer of \$25 million from the Child Care Reserve fund for fiscal year 2001-2002. The budget said that \$25 million of the \$575 million

for Stage 1 child care was to come from Prop 10 funds, pending approval of the Prop 10 Commission. The Commission voted not to provide these funds, which left a deficit that has now been filled with dollars from the Reserve. Last month the Committee asked if we know how many CalWORKs families are exempt due to care for a disabled child. The answer is that we do not, although we are looking to see if that information is available in SSI/SSP case data.

October is Sudden Infant Death Syndrome (SIDS) Awareness Month. The CDSS and the Department of Health Services (DHS) are collaborating to promote SIDS awareness and risk reduction education. The campaign is directed to include CalWORKs recipients and providers in this education effort. The CDSS and DHS are distributing flyers titled "Taking Care of Baby" to County Child Care Coordinators along with a letter asking them to include the flyers in their mailings to providers in the area. The flyers are in English and Spanish. The brochure also is available on the CCL website ( [www.ccl.dss.cahwnet.gov](http://www.ccl.dss.cahwnet.gov) ).

The restructuring of the CCL Division was completed effective October 1. They now have a program based structure rather than a regional, geographic structure. Child care licensing staff now report to a single statewide Program Administrator for Child Care. This means that child care is totally separate and apart from other licensing functions. It is hoped that better and more focused services will result. The three district offices, now known as Regional Offices, in Chico, Fresno, and Santa Barbara are dedicated to child care. The restructure completes the implementation of AB 3087 (Speier) which required child care to be separate from other licensing programs.

It was also reported at the last meeting that CBS sued the Department to gain access to licensing records back to 1995 on criminal record exemptions granted to individuals in child care facilities. The Department lost the lawsuit. We sent a letter to the affected centers and homes on September 19 asking the licensees to verify that the persons listed in our records are still working, living or connected to their center or home. They can photocopy the form or get it from the website at [WWW.DSS.CAHWNET.GOV/GETINFO/PUBLICINTRO/HTML](http://WWW.DSS.CAHWNET.GOV/GETINFO/PUBLICINTRO/HTML). It is also available in a Spanish version. The Department will use that information to verify our records before giving it to CBS.

We have changed the way we fill orders for licensing forms. The Department's warehouse will no longer send pads of forms. They will send a master of each form that can be used to make photocopies. Forms are also available on the internet. For forms in English, the website is [WWW.DSS.CAHWNET.GOV/GETINFO/PUBLICINTRO./HTML](http://WWW.DSS.CAHWNET.GOV/GETINFO/PUBLICINTRO./HTML). For forms in Spanish, the website is [WWW.DSS.CAHWNET.GOV/GETINFO/LSUCOV.HTML](http://WWW.DSS.CAHWNET.GOV/GETINFO/LSUCOV.HTML).

*Dr. Robert Bates, Department of Health Services (DHS)*

Dr. Bates offered his impression of the role of his Department. He spoke of his interest in the connection between Prop 10 and DHS, and the need for collaboration, including bringing DHS and local health departments to the table. There is a state Prop 10 funded program for child care health consultants to link community health representatives to child care. He sees Prop 10 as good catalyst for promoting the relationship between health and child care. He said it is a pleasure to be on the Committee and hopes the Committee will use him and his knowledge of DHS.

**Executive Director's Report - Kay Ryan**



Ms. Ryan welcomed Dr. Bates to the Committee. She thanked everyone who participated in last month's meeting. CDPAC received lots of testimony. It has been helpful to the Women's Caucus and was provided to the Governor's Office and the State Consumer Services Agency as well. She thanked Ed Condon for this morning's panel, and thanked Kate Warren for her presentation.

Staff are working on the conference to be held at the Radisson in Sacramento on February 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup>. She invited people to help work on the conference and to provide ideas for speakers or workshops. In the office, we are pleased to welcome Leslie Witten-Rood back this week and sorry to say we are losing Ronda Nelson. We are accepting applications for an analyst position and interviewing for an Office Technician position.

Negative budget change proposals (BCPs) were completed this past month for 3, 5 and 10 percent reductions. We had to report the items in our budgets that we would cut and the activities we would not be doing as a result of each level of reduction. Meanwhile, our costs have increased for rent, security, and travel. We plan to provide a comprehensive budget report in November.

Last year we produced a brochure on how to find child care for the Employment Development Department (EDD) to use in their one-stop centers. This year, through our partnership with CDSS, we can now offer that brochure in eight languages (English, Spanish, Russian, Chinese, Lao, Vietnamese, Cambodian and Tagalog.) We will have camera ready copies available on the CDPAC website within the next week. Another project we've been working on with Sherry Novick from Assembly Member Aroner's office and the County Prop 10 Director's Association is a compilation of information about the child care and child care-related activities being funded by Local Prop 10 Commissions. We believe that this significant contribution is an important part of the child care funding picture.

For those who haven't seen the October issue of the California Journal, the lead article is on the child care situation in California. The author interviewed a lot of people and quotes a number of people in this room.

Ms. Malaske-Samu thanked everyone for the informative presentations and adjourned the meeting.

## ATTENDEES OF OCTOBER 4, 2001 CDPAC MEETING

### Committee Members:

Kathleen Malaske-Samu, Chairperson  
Joyce De Witt, Public Member  
Michael Jett, Department of Education  
Lynn Lucas, El Dorado County Supt. of Schools  
Earl Peterson, Child Care Consultant  
Amy L. Tan, Sacramento City/College USD

Robert Bates, Department of Health Services  
Joyce Hanson, Grandparent/Child Advocate  
Linda Nissen, CA Dept of Social Services  
Robert Orsi, Schoolhouse Development  
Marie Kanne Poulsen, USC Children's Hospital

### Participants:

JoAnne Aiello, E Center  
Edward Condon, CA Head Start Association  
Pat Dorman, On the Capitol Doorstep  
Virginia Greenwald, CA Council of Churches  
Irma Fraigun, CTA  
Carol Nye, Northeast Regional Resource Center  
Jolene Thomas, Shasta Local Planning  
Rita Garrett  
Irene E. Aguirre  
Penny Knapp, M.D.  
Terezia Pozgayova, CDE Sacramento City College  
Marcie Castro, Community Resources for Children  
Yolanda L. Mendoza, Migrant Education  
Pamela Sorlagas, LA Child Care/Development Council  
Dera Cook  
Kelly Zauner  
Susanne Milton, El Dorado COE  
Paula James, Contra Costa Child Care Council

Cheryl Allen, CEITAN  
Barbara Coulibaly  
Sabah Eltareb, California State Library  
Vera Nicholas, California State Library  
Mei Kwong, Children's Home Society of CA  
Linda Parfitt, CDD/CDE  
Terrie L. Mart, Shasta Head Start  
Rosemary Rey  
Robbie Townsley  
Kathy Davidson, CCOE  
Andrea Baines, CCPC for San Bernardino  
Kathy Lafferty, CCDAA State Board  
Frances Oen, Sacramento City Unified School  
Lyn Vice, CDSS-Child Care  
Pam Grigsby, CDSS-Child Care  
Linda Brault, Beginning Together  
Rikki Grubb, CFPA  
Louise Boley

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Sharon Rea Zone, Analyst

Leslie Witten-Rood, Analyst  
Alex Castillon  
Priscilla Jong  
Helio Rodriguez